

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Mar 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006245 (2)
 1. Corporation Name
DESKINS TECHNOLOGY, INC.



Principal Place of Business 200 FIRST S. S.E. #1805 CEDAR RAPIDS IA 52401	Mailing Address 200 FIRST S. S.E. #1805 CEDAR RAPIDS IA 52401
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2. Principal Place of Business 21 1450 Boyson Rd.		2a. Mailing Address 26 1450 Boyson Rd.		3. Date Incorporated or Qualified 12/02/1996	3a. Date of Last Report
22		27		4. FEI Number 42-1413810	Applied For <input type="checkbox"/> Not Applicable
23 Hiawatha, IA		28 Hiawatha, IA		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 52233		29 52233		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25		30		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DESKINS, WILLIAM D 1777 TAMiami TRAIL PORT CHARLOTTE FL 33948				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83				84 City	

11. Pursuant to the provisions of Sections 607.082 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *William D. Deskins* DATE: **2/12/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DESKINS, WILLIAM D		1.2 NAME	
STREET ADDRESS 7241 HAMPSHIRE DR. N.E.		1.3 STREET ADDRESS	
CITY - ST - ZIP CEDAR RAPIDS IA 52402		1.4 CITY - ST - ZIP	
TITLE VT	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRANE-DESKINS, BEVERLY A		2.2 NAME	Deskins, Beverly A. Crane
STREET ADDRESS 7241 HAMPSHIRE DR. N.E.		2.3 STREET ADDRESS	7241 Hampshire Dr. NE
CITY - ST - ZIP CEDAR RAPIDS IA 52402		2.4 CITY - ST - ZIP	Cedar Rapids IA 52402
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William D. Deskins* **WILLIAM D. DESKINS, President, 2/12/97 941-625-5400**

CR2E034 (9/96)